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EXAMINER

COVER LETTER

Division of Corpora						
SUBJECT: Anthony	J. Feola LLC.					
	Name of Limited Lis	bility Company				
The enclosed Articles of Orga	unization and fee(s) are submi	tted for filing.				
Please return all corresponder	nce concerning this matter to	he following:				
Anthony J. F	eola					
/ diditionly of t		of Person				
Landscape L	ighting Design b	y AJF				
	Firm	Company				
2304 Triad L	ane			7 · · ·	, 	
	A	ddress		TEST TEST	<u> </u>	
Tampa Elarid	22619			至f	1 HAL 4	4.
Tampa, Florid		and Zip Code		- 37.		í
afeola33@yaho	·	•		Ti:		
	mail address: (to be used for fute	re annual report notifica	tion)	97	Ü	
For further information conce	rning this matter, please call:			DRIDA	20	
Anthony J. Feola	at (813 ₎ 956-4	831			
Name of Per		Area Code & Daytin	ne Telephone Number			
Enclosed is a check for the	following amount:		•			
\$125.00 Filing Fee \$13	30.00 Filing Fee & Sertificate of Status	155.00 Filing Fee & Certified Copy additional copy is enclose	Certificate	of Statu Copy	ıs &	•
Re Di P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street/Courier Ad Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	n rations enter Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Anthony J. Feola LL	ords "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
2304 Triad Lane	2304 Triad Lane	
Tampa, Florida 33618	Tampa, Florida 33618	
Anthony J	address of the registered agent are:	12 JAH 12 PH12: 5: SEUKLESSEE FLORIG
	Florida street address (P.O. Box NOT acceptable)	72: 5 OR
Tampa	_{FL} 33618	59 IE IDA
	City, State, and Zip	
liability company at the place registered agent and agree to ac statutes relating to the proper c	d agent and to accept service of process for the designated in this certificate, I hereby accept th t in this capacity. I further agree to comply with and complete performance of my duties, and I ar position as registered agent as provided for in C	he appointment as In the provisions of all In familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	Anthony J. Feola	
	2304 Triad Lane	
•	Tampa, Florida 33618	
	-	12
		73: " " " " " " " " " " " " " " " " " " "
	-	TO PO
		5
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than	the date of filing: (O	PTIONAL)
(If an effective date is listed, the date mu to or 90 days after the date of filing.)	st be specific and cannot be more than five busi	ness days prior
anjounce the date of mings		
REQUIRED SIGNATURE:		
) ————	_	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Anthony J. Feola

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)